

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **ANTI-*HELICOBACTER* VACCINE COMPOSITION FOR USE BY THE SUBDIAPHRAGMATIC SYSTEMIC ROUTE, AND COMBINED MUCOSAL/PARENTERAL IMMUNIZATION METHOD**, the specification of which

☐ is attached hereto.

☒ was filed on October 29, 1999 as Application Serial No. 09/423,042
and was amended on _____.

☐ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Serial Number	Filing Date	Priority Claimed?
France	97/05609	30 April 1997	Yes
France	97/15731	8 December 1997	Yes
PCT	PCT/US98/08890	30 April 1998	Yes

6 I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162, Karen L. Elbing, Ph.D., Reg. No. 35,238, Kristina Bieker-Brady, Ph.D., Reg. No. 39,109, Susan M. Michaud, Ph.D., Reg. No. 42,885, Mary Rose Scozzafava, Ph.D., Reg. No. 36,268, and James D. DeCamp, Ph.D., Reg. No. 43,580.

COMBINED DECLARATION AND POWER OF ATTORNEY

Address all telephone calls to: Paul T. Clark at 617/428-0200.

Address all correspondence to: Paul T. Clark at Clark & Elbing LLP, 176 Federal Street, Boston, MA 02110.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

1-00

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Bruno Guy	Lyon, France FRX	15B, rue des Noyers, F-69005, Lyon France	France
Signature: Bruno Guy			Date: 21/12/99

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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Jean Haensler	St. Genis Les Ollieres, France FRX	Les Bullandieres, Batiment B, 17, rue Piccandet, F-69290, Saint Genis les Ollieres, France	France
Signature: Jean Haensler			Date: 21/12/99

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Cynthia K. Lee	Needham, Massachusetts	18 Ellicott Street, Needham, Massachusetts 02192	United States
Signature:			Date:

COMBINED DECLARATION AND POWER OF ATTORNEY

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Richard A. Weltzin	Lunenburg, Massachusetts	188 Flat Hill Road, Lunenburg, Massachusetts 01462	United States
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Thomas P. Monath	Harvard, Massachusetts	21 Finn Road, Harvard, Massachusetts 01451	United States
Signature:			Date:

#4

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- ☐ is attached hereto.
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Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Bruno Guy	Lyon, France	15B, rue des Noyers, F-69005, Lyon France	France
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Jean Haensler	St. Genis Les Ollieres, France	Les Bullandieres, Batiment B, 17, rue Piccandet, F-69290, Saint Genis les Ollieres, France	France
Signature:			Date:

3-00

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Cynthia K. Lee	Needham, MA Massachusetts	18 Ellicott Street, Needham, Massachusetts 02192	United States
Signature: <i>Cynthia K. Lee</i>			Date: 12/17/99

COMBINED DECLARATION AND POWER OF ATTORNEY

4-00

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Richard A. Weltzin	Lunenburg, Massachusetts MA.	188 Flat Hill Road, Lunenburg, Massachusetts 01462	United States
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5-00

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Thomas P. Monath	Harvard, Massachusetts MA	21 Finn Road, Harvard, Massachusetts 01451	United States
Signature: <i>Thomas P. Monath</i>			Date: 12/17/99

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